



PARKS AND RECREATION DEPARTMENT REGISTRATION FORM

MAIL IN REGISTRATION:

Parks & Recreation Office
3801 S Pine Island Road
954-797-1145

WALK IN REGISTRATION:

Pine Island Multipurpose Center
3801 South Pine Island Road
954-327-3941

WALK IN REGISTRATION:

Pine Island Fitness & Aquatics Center
3800 SW 92nd Avenue
954-327-3926

PRIMARY MEMBERSHIP USER INFORMATION

Last Name:	First Name:	MI:
Address:		
City	State	Zip
Cell Phone:	Home Phone:	
Date of Birth:	Age:	Email Address:

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE TOWN OF DAVIE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE TOWN OF DAVIE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE TOWN OF DAVIE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

MEMBERSHIP TYPE INFORMATION

Membership Type	Fee:	
Additional Members (Family Memberships Only):	DOB:	Expiration Date:
Additional Members (Family Memberships Only):	DOB:	Expiration Date:
Additional Members (Family Memberships Only):	DOB:	Expiration Date:
Additional Members (Family Memberships Only):	DOB:	Expiration Date:

FITNESS MEMBERSHIP TYPES

RESIDENTS	3 MONTH	6 MONTH	1 YEAR
Single Adult Membership	n/a	\$125.00	\$175.00
Single Teen or Senior Membership	n/a	\$100.00	\$150.00
Family Membership (up to 4 immediate family members)	n/a	\$175.00	\$250.00
Family Senior Membership (Senior husband/wife)	n/a	\$125.00	\$175.00
Additional Family Members (added to family membership)	n/a	\$20.00/ea	\$20.00/ea
NON-RESIDENTS	3 MONTH	6 MONTH	1 YEAR
Single Adult Membership	n/a	\$200.00	\$275.00
Single Teen Membership	n/a	\$125.00	\$200.00
Family Membership (up to 4 immediate family members)	n/a	\$250.00	\$350.00
Additional Family Members (added to family membership)	n/a	\$40.00/ea	\$40.00/ea

AQUATICS MEMBERSHIP TYPES

RESIDENTS	3 MONTH	6 MONTH	1 YEAR
Single Adult Membership	n/a	\$75.00	\$100.00
Single Youth Membership	n/a	\$50.00	\$75.00
Family Membership (up to 4 immediate family members)	n/a	\$100.00	\$125.00
Additional Family Members (added to family membership)	n/a	\$15.00/ea	\$15.00/ea
Summer Seasonal Membership (June, July & August Only)	\$60.00	n/a	n/a
NON-RESIDENTS	3 MONTH	6 MONTH	1 YEAR
Single Adult Membership	n/a	\$125.00	\$175.00
Single Youth Membership	n/a	\$70.00	\$125.00
Family Membership (up to 4 immediate family members)	n/a	\$175.00	\$250.00
Additional Family Members (added to family membership)	n/a	\$25.00/ea	\$25.00/ea

TOWN OF DAVIE USE ONLY

Fee Paid:
Payment Method:
Received by (Please Print):
Proof of Residency:

GENERAL RELEASE

THIS AGREEMENT WAIVES LEGAL RIGHTS.
PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS

The UNDERSIGNED PARTICIPANT and/or his guardian, in consideration for the Town of Davie through its Recreation Division for providing facilities, instruction and supervision while attending any event, scheduled or planned by the Town of Davie does hereby:

- 1) Assume all risk of possible damage or injury involved through participation in any activity planned by the Town or coordinated by the Town with any other person or entity.
- 2) Request permission to participate in the activity with full knowledge that said activity could result in permanent damage or injury to me.
- 3) Agree to release, indemnify and hold harmless the Town of Davie and/or its departments or agents, officers, officials and employees from liability resulting from my participation in said activity, including the Town of Davie's negligence.
- 4) Specifically agree and acknowledge that any photos, images or videos of my child taken during said activity shall be the sole property of the Town of Davie and as such, the Town shall utilize any and all photos, images or videos taken of my child for any purposes deemed appropriate by the Town of Davie, including, but not limited to, brochures, documents, leaflets, posters, Town Website, Davie TV and any and all approved Town media. No other person or entity shall have the right to utilize said photos or images for private and/or public uses without the expressed consent of the Town.

Parent/Guardian Print: _____ Date: _____

Parent/Guardian Signature: _____

PLEASE NOTE THE FOLLOWING POLICIES

- ◆ All Fees subject to change without notice
- ◆ All refunds are subject to a \$10 Administrative Fee.
- ◆ The Davie Parks and Recreation Department reserves the right to dismiss or expel any person from our programs or facilities for behavior that is detrimental to the programs and facilities. This includes, but is not limited to conduct that constitutes safety hazards, physical abuse, mental abuse and failure to comply with Town rules and regulations.
- ◆ Smoking is limited to parking areas when in Town parks conducting sports programs/events. Thank you for your cooperation. (Town Ordinance #2003-13)

Participant Name: _____

Last Name

Household ID # _____

First Name

MI